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Application Number	10/917172
Filing Date	April 2 2004
First Named Inventor	Donald P. Bushby
Title	System of Treatment of Plantar Fasciitis
Art Unit	3772
Examiner Name	Tarla R. Patel
Attorney Docket Number	Plantar Fasciitis

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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Glenn Lowell Webb	32,668
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Please recognize or change the correspondence address for the above-identified application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	Glenn L. Webb		
Address	P.O. Box 951		
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Telephone	303-816-4893	Email	glenn@webbpatlaw.com

I am the:

Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Donald P. Bushby</i>	Date	Dec 3, 2008
Name	Donald P. Bushby	Telephone	+1 (713) 299-7263
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

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